

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000120528

**Entity Name:** SPIRIT OF EXCELLENCE EVENT PLANNERS, LLC

**Current Principal Place of Business:**

9472 PROSPERITY LAKE DR.  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

P O BOX 441255  
JACKSONVILLE, FL 32222 US

**FEI Number:** 82-3375883

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WAKEFIELD, ROSE M  
9472 PROSPERITY LAKE DR.  
JACKSONVILLE, FL 32244 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** ROSE WAKEFIELD

03/29/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WAKEFIELD, ROSE M  
Address P O BOX 441255  
City-State-Zip: JACKSONVILLE FL 32222

Title AUTHORIZED REPRESENTATIVE  
Name SPIRIT OF EXCELLENCE CATERING &  
EVENTS  
Address 9472 PROSPERITY LAKE DR.  
City-State-Zip: JACKSONVILLE FL 32244

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROSE WAKEFIELD

OWNER

03/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date